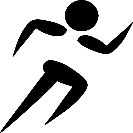
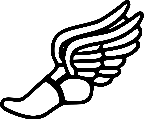
**Spiritridge Panther Pacers**

Do you like to run? Do you like to run with friends? Do you like to earn prizes for your running? If so, then please join the 2016-17 running club, the Spiritridge Panther Pacers!

There will be 2 opportunities each week to run with your friends and have your laps tallied for our club:

1. Tuesdays at afternoon recess (starting Tues., Sept. 26th)

2. Fridays before school at 8:10am (starting Fri., Sept. 29th)

All laps will be run around the playground, so please meet us in the underground area to get your running card (which will be used to mark off your laps) at the start of the running sessions. Please enter through the doors by the MPR on Friday mornings.

Prizes will be awarded for every 5 miles completed and a special medal will be presented to those who complete a marathon, or 26.2 miles, through our club!

If you have any questions please contact Amber Cooper at [anbcoop@gmail.com](mailto:anbcoop@gmail.com).

Please return this portion of the form if your child wishes to participate in the **Friday before school** run times. (Those running only on Tuesday afternoons do not need to return the permission form.)

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print), has my permission to participate in the 2016-17 Spiritridge Running Club.

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below I understand, acknowledge, and agree that:

1. Participation is completely voluntary and that participation is at “my own risk”. I understand that measures will be taken to provide for my child’s safety; however, I will not hold the members of Spiritridge Elementary, the Bellevue School District, its board members, its employees, or the Spiritridge PTSA liable should any incident occur.
2. If my child becomes ill or is injured during their participation, someone will attempt to contact me or an emergency contact at the numbers below:

Parent/Guardian Name (please print) & phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name & phone number (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If I cannot be reached, I understand and agree that my child may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_